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## BIB DATA SHEET

CONFIRMATION NO. 2622

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/663,911	09/17/2003	709	2153	313449-P0017 C1		
<b>RULE</b>						
<b>APPLICANTS</b> Frampton E. Ellis III, Arlington, VA; <b>** CONTINUING DATA *****</b> This application is a CON of 09/213,875 12/17/1998 PAT 6,725,250 which claims benefit of 60/068,366 12/19/1997 and is a CIP of 08/980,058 11/26/1997 PAT 6,732,141 which claims benefit of 60/066,415 11/24/1997 and claims benefit of 60/066,313 11/21/1997 and claims benefit of 60/033,871 12/20/1996 and claims benefit of 60/032,207 12/02/1996 and claims benefit of 60/031,855 11/29/1996 and said 09/213,875 12/17/1998 is a CIP of PCT/US97/21812 11/28/1997 which claims benefit of 60/066,415 11/24/1997 and claims benefit of 60/066,313 11/21/1997 and claims benefit of 60/033,871 12/20/1996 and claims benefit of 60/032,207 12/02/1996 and claims benefit of 60/031,855 11/29/1996 and is a CIP of 08/980,058 11/26/1997 PAT 6,732,141 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/11/2003						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VA	8	25	1
Verified and	/LASHANYA RENEE NASH/ Examiner's Signature		Initials			
Acknowledged						
<b>ADDRESS</b> DLA PIPER US LLP P. O. BOX 9271 RESTON, VA 20195 UNITED STATES						
<b>TITLE</b> Global network computers for shared processing						
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		

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